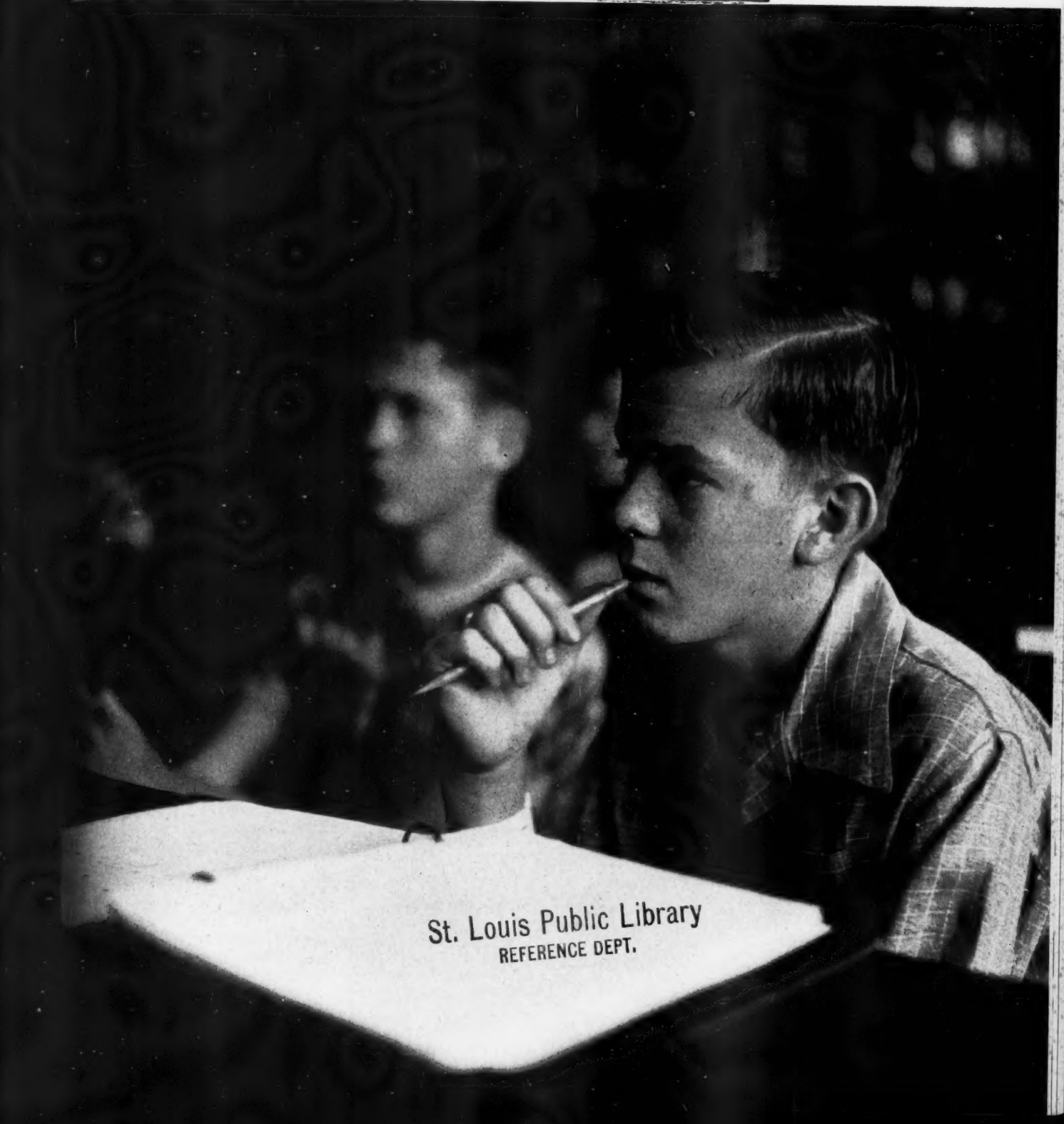
CHILD

OCTOBER 1952



UNITED NATIONS DAY, 1952

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A Proclamation

WHEREAS the founding of the United Nations has given the people of the world an organization through which nations may resolve their differences without resort to war and has made possible greater international cooperation in the economic, political, and cultural fields; and

WHEREAS the United Nations continues to be the only existing international organ which offers mankind a hope for ultimate world peace; and

WHEREAS the realization by citizens of other nations that the overwhelming majority of Americans support the United Nations and its great purposes would help to speed the day when there will in fact be peace on earth, good will toward men; and

WHEREAS the General Assembly of the United Nations has declared that October 24, the anniversary of the entry into force of the United Nations Charter, shall be dedicated each year to the dissemination of information concerning the aims and accomplishments of the United Nations:

NOW, THEREFORE, I, HARRY S. TRUMAN, President of the United States of America, do hereby urge the citizens of this Nation to observe Friday, October 24, 1952, as United Nations Day by sending greetings to friends, relatives, and associates in other countries which are members of the United Nations, and by expressing their confidence in the United Nations, their friendship for other peoples, and their faith in the ultimate demonstration throughout the world of the brotherhood of man.

I also call upon the officials of the Federal, State, and local Governments, the National Citizens' Committee for United Nations Day, representatives of civic, educational, and religious organizations, agencies of the press, radio, television, motion pictures, and other communications media, and all citizens to cooperate in appropriate observance of this day throughout our country.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the United States of America to be affixed.

DONE at the City of Washington this seventeenth day of July in the year of our Lord nineteen hundred and fifty-two, and of the Independence of the United States of America the one hundred and seventy-seventh.

Harry Truman

By the President:

Dean Acheson

Secretary of State

FURTHERING INDIVIDUAL WELL-BEING THROUGH SOCIAL WELFARE

MARTHA M. ELIOT, M.D.

Chief, Children's Bureau

TO THOSE of us who spend our days and years in the broad field of social welfare, it seems unnecessary to labor the point that the welfare of our society as a whole and individual well-being are indivisible, that our culture has been built around the individual and his rights, his desires, his present and future hopes. But when we see how, in crisis situations such as the one we are in now, our programs for social advance are questioned as expendable, as luxuries, we must admit that we have failed to make our own trust and confidence in these programs clear to others. It behooves us to restate this confidence. And to restate it so convincingly that even the most ingrown individualist can not only tolerate it but accept it as his own.

It may be unnecessary to say it, but I want to make it clear that I am using the term welfare in the broadest sense, to include, as does the World Health Organization's definition of health, the total well-being of people in our society. Many professions contribute to it; it includes the family, the community, the Nation; it means health, education, employment, and economic security, as well as provision of social services; it means full opportunity for the development of a healthy personality for each new member of our society as he or she comes into being.

Concern for the well-being of individuals is the essence then of our concept of social welfare. One of the wisest acts of our forefathers was to imbed in our Constitution—as an eternal reminder to us—this concept that individual well-being is something that we must unite to achieve. It is not something that each of us plucks for himself. "To promote the general welfare," as our Constitution says, was one of the primary purposes for which we created this Nation. And the purpose of uniting to promote the general welfare was to achieve the greatest possible degree of security, happiness, freedom, and well-being for each individual.

I have the privilege of serving as Chief of a Bureau of the Federal Government which was created to give meaning to this phrase in the Constitution. The act creating the Children's Bureau is significant because it is a recognition that the struggle for the well-being of your child cannot be won unless it is won for all children.

In a living democracy there can be no separation between individual and social well-being.

Now individual well-being calls for many things . . . things of the body and, what is much more important, things of the mind and the feelings.

As I see it, each of us is best able to function when we see ourselves and our environment in perspective; when we can share our purposes with others and trust each other and ourselves; when we are not afraid to question, or to use our imaginations; when we accept limits; and when we have courage and strength to fight when fighting is called for.

These are things of the mind and the feelings. And they are the stuff of life for most of us. Some of us do a fair job of achieving these qualities. But none of us achieves them entirely "on our own." All of us must have help, from our families, our schools, our communities and their institutions, our Nation . . . yes, and from the world. Some of us have need of special help in acquiring that quality of strength that makes it possible for us to function without doubts about ourselves, with trust and generosity toward others.

Social welfare has many goals, but

When day-care services are planned for children of working mothers, skills from many fields need to be drawn upon, such as health, social work, and nursery-school education.

Dr. Eliot gave this paper at the California State Conference of Social Work, held at Long Beach, Calif.

one of its major goals, I am convinced, is to find the way to give that extra ounce of support to those individuals who need help in finding their strengths so that they can build on them.

Critics say that programs designed to underpin the economic and social well-being of people make people soft, indulge them in alleged laziness, shiftlessness, or vanity. They say the money we dole out buys sister a fur coat. Or when it doesn't do that, it encourages her to have babies out of wedlock. These things we resent.

But I must say, in fairness, that the problem is largely one of understanding on both sides. The purpose of social-welfare programs has not been sufficiently well interpreted to the general public, and social-welfare workers still need to understand more fully the forces, the traditions, the cultural patterns that underlie the criticisms.

Democracy and the individual

The purpose of social-welfare effort is simple and clear. It can also be persuasive. It starts from the premise that each individual has a uniqueness of power, and that each individual develops best and accomplishes most —for himself and for society—when he has a chance to develop along the line of his own strength, however feeble or strong it may be.

This is, and this must be, the basic premise of a democratic society in all its activities.

Once the idea becomes clear that the purpose of the social-welfare program is to help individuals discover what they are best at doing so that they can do their best, most of the cynical and hostile criticism of these programs will evaporate.

I will go even a step farther and say this: Once the idea becomes central in our culture that, as Harry Overstreet says, "a man is *at* his best when he is *doing* his best at what he *can* do best," then the need for at least some kinds of social-welfare programs will disappear.

At no time in its history has our Nation been in greater need than right now for competent, well-integrated, productive citizens. Instead of decreasing programs that make for social well-being and better human relations, we should be strengthening them. Instead of cutting their budgets, we should be zealously protecting their priority to funds, in the interest both of national and individual well-being. The problems that many individuals encounter in functioning as competent, well-integrated, productive citizens in peacetime are compounded when the threat of war hangs heavy over us.

But it is not only external threats that make the support of our social-welfare programs essential. We have the obligations that a democracy has toward its citizens who need help.

My first concern, naturally, is with the well-being of children. After seeing the wretchedness that surrounds the lives of so many millions of children in other countries, I am well aware of the advantages that the great majority of our children enjoy —life in a free community, education, good housing, recreation facilities, play space, health and welfare services, medical and hospital care when sick, vocational counseling, and above all warm and congenial family life. But, as you and I well know, the picture is not as rosy as this for hundreds of thousands of our children.

Today there are 1½ million dependent children in families receiving Aid to Dependent Children under the Social Security Act. We are proud that we have such a program that assures home life for these children. But we cannot take pride in the meager living that ADC affords many of them in some States, nor in the punitive attitude some people take toward mothers who need this help to hold their families together.

Today 1½ million children are enabled to remain at home through the Aid to Dependent Children program. But in some of the States the living afforded these families is meager.

Juvenile delinquency is on the upgrade again, if we can take as an index the number of youngsters who become known to the police or are brought before our courts for delinquent acts. More than 350,000 delinquent children, now appearing in juvenile courts in a year, are a stark reminder of the many deprivations, neglects, and inequities which children suffer, and of the lack of warm parent-child relations in many fami-

lies. Between 50 and 100 thousand young delinquents are detained in city and county jails, places where no child should ever be housed. The 30,000 boys and girls in training or correctional schools for delinquent children are still another prod to our consciences.

In an ever-increasing number of homes today, the mother as well as the father has a job and is away from home for long hours. Suitable day-care services for children of working mothers—and there are well over 6 million such children today—are all but nonexistent in many communities.

Our State crippled children's agencies have on their waiting lists many thousands of children whose only hope for medical or surgical care rests in agencies that do not have adequate funds to provide such care.

Health and welfare agencies are doing good jobs for children in many communities. But hundreds of thousands of children live in areas that such services rarely if ever reach.

Of all our children, some of the most disadvantaged are those in families of migrant workers, those who grow up in isolated communities such as mining and mountain towns, and children who are members of minority groups clustered in urban and rural slums. The conditions under which many of these children live are a blight on our national life.

Democracy has much unfinished work to do for such groups as these.

How can the promotion of individual well-being best be accomplished? Belief that social good is achieved through concern for the welfare of individuals leads away from generalities to some practical measures.

In the field of social service, I sometimes wonder whether too great a concentration of effort has been placed upon measures that will remedy or mitigate difficulties that have already happened. The preventive approach that now dominates public health has not yet been developed as effectively in the social-welfare field as it should and will be. Planning for social services too often has had to be restricted to children and adults in special need. This does not reflect on the planners as much as it reflects the limited understanding the public has of the positive role that social welfare can play. Even in public health, where preventive programs have long been accepted, it is only comparatively recently that workers have made organized efforts to promote sound mental health and directed their efforts against the social conditions that undermine it.

Health and welfare interrelated

This growing recognition of the importance of emotional factors in individual well-being is changing the concept of needed measures in both health and welfare fields, and drawing these two fields closer together.

As public-health workers come to see that few individuals can be truly healthy when they live in an atmosphere of suspicion and doubt, or when their opportunity to live decently is continually threatened by advancing living costs, they find that they must reconsider what preventive health work calls for.

So, too, social-welfare workers find that they cannot be content with measures aimed at aiding only those who have fallen by the wayside. They, too, must do preventive work and reach children and families before damage is done. This means programs for children in their own homes, in schools, in playgrounds. It means working ever more closely with health workers, who have ready access to the homes of nearly all families.

Important as preventive measures are—measures that seek to assure that physical, social, and emotional growth shall proceed satisfactorily—we cannot, however, concentrate on them to the exclusion of measures for aiding people who are in difficulty. Let me touch on some of the areas of work to which I believe we should give attention right now.

First on my list of problems of the welfare of individual children I have placed juvenile delinquency.

Preventing delinquency is to all intents and purposes the equivalent of promoting individual well-being. Its ramifications are so varied, its area of operations is so broad, that it is indeed difficult to formulate the all-embracing program that might guarantee success. The prevention of delinquency and the study of its causes must, however, stand as our over-all purpose in any comprehensive program in this field. It involves all the best of the total welfare program. Those responsible for preventive welfare and health services should bear more constantly in mind that one of their goals—and a large and important one—is the contribution they can make to reducing juvenile delinquency. This is too often overlooked, usually because the connection has not been clear.

There are, however, certain specific things we must do for children who are already delinquent. It is from the ranks of these children that many adult criminals come. For national as well as individual welfare, we must do all we can to restore to full social and emotional well-being the children who engage in delinquent acts.

Recently, the press of the Nation has been greatly agitated about one manifestation of delinquent behavior, the use of narcotics by juveniles. Although this problem seems to be acute among certain groups of children, reports indicate that it exists mostly in large cities, and it may not have the proportions that popular reports have given it. Nevertheless, there is still a major job to do in controlling sources of supply and in assuring that the laws regarding the sale of narcotics are strictly enforced. Much more attention must also be given to discovering the causes of drug addiction on the part of young people and to rehabilitating those who have acquired this fearful habit.

To work effectively with juvenile delinquents calls for many skills that, as a Nation, we have still to make generally available. It requires that a better job be done in equipping for this work police and probation workers, judges, and institutional staffs; it means special training for child-welfare workers, teachers, and doctors, who see many of these children before they become known to police or courts. We must concern ourselves more with problems of the

delinquent's family and with the social conditions under which they live. We need skilled workers, whom we do not now have in sufficient numbers, to carry on effective programs of treatment and rehabilitation. This includes psychiatrists and other workers in child-guidance clinics. We need special study homes or other provision for diagnostic and treatment facilities. We need to know much more about how delinquents are handled in detention homes and institutions, what are the best methods of treatment, and what are the subsequent careers of those who spend time in jail or correctional institutions.

If all of us in the social-welfare, education, and health fields were to put our minds to it we could evolve a long-range program that would not only improve this situation but contribute greatly to the well-being of many thousands of children and adults.

Second on my special list of areas of work for children is the care of children who must live away from home all or part of the time, either in foster-family homes or in institutions.

Dr. John Bowlby, a distinguished child psychiatrist of the Tavistock Clinic in London, in a recent monograph published by the World Health Organization, reviews scientific evidence from many countries regarding the effect on children of separation from their mothers. He comes to the conclusion that this is a very hazardous undertaking. In the light of Dr. Bowlby's observations, it certainly behooves us to study various aspects of this problem and to examine very carefully our criteria and our practices in placing children away from their own homes.

It is also important to determine how day-care services can best be given, what the most helpful joint contributions of teachers, doctors, nurses, and social workers can be, what we can learn from the experience of nursery-school educators.

Day care for children is a problem that is likely to remain with us indefinitely. We in the Children's Bureau are inclined to agree with Dr. Bowlby that it is best that mothers of young children stay at home with their children whenever the strain of doing so does not outweigh the advantages. Nevertheless, it is only realistic to recognize current developments and to insist that, if mothers are to be employed, services for the day care of their children be provided, and that these services be conducted in a way that conserves and advances the children's well-being and makes for their future mental health.

Federal funds can, under the "Defense Housing and Community Facilities and Services Act of 1951," be made available for day care in critical defense housing areas. But whether they will be appropriated, and how soon, I do not know. Of course you know that grants to States for child-welfare services under the Social Security Act can be used in promoting day-care services. The grants are not yet adequate to provide much in the line of direct services, but they can be effectively used for consultation to communities and for planning.

The third area of work that I want to emphasize is research and evaluation of operational programs. This applies to the child-health as well as the child-welfare fields. It involves a great variety of study methods and without question must be multidisciplinary in its approach.

The maternal and child-welfare programs under the Social Security Act are now 17 years old. Some of the State and local child-health and child-welfare programs are much, much older than that. It is high time that we in the States and communities and in the Federal agencies developed better yardsticks for measuring how well we are doing our jobs. Progress should be made in this direction, not only because funds must be well spent, but, even more, because the objectives of our programs have great meaning for the national welfare when they are well conceived and the ways of achieving them effectively designed and carried out.

Along with evaluative studies should go research of an operational nature that will produce facts on which decisions about new programs, policies, and working methods can be based. For example, we need to know more about the kinds and costs of health service and medical care received by children in rural as well as in urban areas; and by children in special groups, such as those in migrant families, ADC families, and children in institutions. We need to study methods of improving the quality of care for such children. We need to know what becomes of children who for one reason or another are refused care or public assistance. We need to know more about the end results of adoption practices in terms of the mental health of adopted children. The same is true for children in institutions. Answers to questions like these would give us much to go on in our everyday work. They might also prove an effective means of showing the public why health and welfare programs are so much needed.

Basic research needed

Evaluation and fact-finding of these types, however, are not enough. More basic research in the social and biological sciences should be going on. Our work is seriously handicapped by lack of adequate understanding, for example, of the values and customs of the various subcultures in American society and how they relate to the origins of delinquent behavior. We recognize premature birth as problem number one in reducing infant mortality, but we know too little about the psychological and physical conditions producing it. The choice of operational or basic research to be fostered could well be guided by questions arising in everyday program activities.

There isn't a business of any size in the country that is operating successfully and keeping up with its market that does not earmark funds for research. Despite the fact that legislatures and social-welfare boards are composed largely of persons who are already persuaded of the value of market and product research, it is usually hard to get appropriations for research in the social-welfare field. I wonder whether much of our problem is not our own lack of con-

riction that research in the social sciences must be a part of all welfare programs if progress in practice is to be continuous. Or is it that methods of investigation in the social-welfare field need to be set up? Or, again, is it that we are satisfied for the time being with present practices, while we wait for the gaps to be narrowed between our present knowledge and the extent to which that knowledge is put to work? Do we sometimes hesitate to seek new facts for fear they will add more work to an already overburdened staff? Let me suggest that well-directed research, especially that of an operational or methodological nature, may well simplify rather than complicate existing programs. Whatever the reason for the inadequacy of research, it seems to me to be imperative that new impetus be given to research that will provide the facts upon which programs in social welfare will be based. In such a program the central idea should be the search for ways of furthering individual well-being in our modern complex society.

I can only touch on two more aspects of the social-welfare program —more and better training of more workers, and increased citizen participation in our programs—but the space I can give to these is no measure of their importance.

Again and again, experience has shown that effective service to people calls for skilled, trained workers. We could do a far better job of strengthening individuals and of helping families if more of our workers were given help in getting the professional skills they need. Too few boys and girls are preparing to enter the social-welfare professions. Vigorous campaigns for recruitment of new workers must go along with expansion of training opportunities for the workers we now have.

None can stand alone

At the beginning of this paper I said that none of us can achieve a genuine feeling of well-being "on our own," or in isolation from the rest of the world. Gradually, through such participation, especially in local groups, there will spread a more thorough understanding and appreciation of the purposes and underlying principles of the total welfare program.

In working with the World Health Organization, it was brought home to me again and again that typhus and typhoid fever, dysentery, and malaria have no nationalism. Maybe we in the health field have a special obligation to remind others also of the simple fact that the well-being of people everywhere is interrelated.

I cannot urge on you too strongly support of the programs of the United Nations and of the specialized organizations affiliated with it, which are attempting to improve the opportunities for better living for the children of the world. Our own technical-assistance program has great potentialities, too, for making the world a safer, more decent place for children. I share with Mr. Justice William Douglas the hope that wherever our Point IV program goes, with its technical and economic help to other peoples, it goes accompanied by a "Point V," the spirit and convictions of 1776, out of which our ancestors framed a government dedicated to promotion of the general welfare, and, I might add, to the rights of peoples to self-determination and self-government.

When we give assistance to so-called underdeveloped areas for agricultural and industrial development, we should give support at the same time to programs in the spheres of health and welfare which go hand in hand with economic development. Let us not be guilty of encouraging others to make the mistake we made in our own country for so long in concentrating on expanding our economic resources and neglecting the well-being of the human beings for whom those resources are intended. The time to plan programs of social advance is not after great wealth has been built up, but at the start of programs for economic development.

In these critical times we must be more alert than ever to express our conviction that social-welfare programs do contribute positively and effectively to furthering individual well-being and the general welfare. We do not have to persuade ourselves of this fact. But we do have to spread confidence that it is so, and to make very clear to the public our conviction that the long-time emergency we are in requires the utmost in preserving and enhancing every human resource we have.

Some of the most disadvantaged of our children are those in families of migrant workers.

HOW CAN WE EVALUATE SOCIAL WORK?

HELEN LELAND WITMER

THIS PAPER might well have a subtitle: An interpretation of social research to the social-work public and a plea for help. Year after year, for about 30 years, speakers before this Conference have urged that social workers give serious attention to the business of evaluating their work. Dr. Richard Cabot, in a presidential address in the early 1930's, startled the Conference by insisting that social work should follow medicine's example and determine the effectiveness of its services. Others had said much the same thing years before, and annually we listen to the same plea. Persons outside the profession are perhaps even more insistent that social workers should determine how much they accomplish.

In view of all this, why have we as a profession generally and we social-research people in particular been so slow in getting ahead with this task? There are various answers to that question: Lack of money, of time, of professional skill; unwillingness to face possibly unpleasant facts; and so on. All these are easily understandable. But there is one answer to which insufficient attention has been paid: The inherent difficulties in evaluating so tenuous a thing as social work. These difficulties are well known to research workers. I think, however, that we in research have hugged them to our bosom too fondly; they are so precious, so esoteric, so useful in protecting our sense of self-esteem. It might be better if we showed them to the rest of you—even at the risk of having them disappear.

The first problem we face in attempting to devise a scheme for judging the effectiveness of social work is that of goals or objectives. In medicine—our favorite analogy—effectiveness is judged by lives saved, by the crippling effects of diseases and disorders being eliminated or reduced, by the progress of the disease being halted, and so on. What are the comparable aims of social work? What do we expect the accomplishments of social work, successfully carried on, to be?

Goals seem clear

Offhand, it would seem as though that question could be easily answered. We expect social work to reduce the number of delinquents, to result in fewer parents neglecting their children. If the claims of the drives for funds are to be believed—the man-on-the-street says — social work should mean fewer broken homes, fewer children separated from their parents, fewer old people living in extreme poverty. And so on.

The trouble with this kind of test, however, lies in that word "fewer." Fewer than what? Obviously we mean "fewer than there would have been if there had been no social-work services." But this is not the same as saying "fewer now than there were in the past." Conditions may have changed in such a way as to make for an increase in separations and divorces, a decrease in jobs for old people, a greater likelihood of delinquency—and for these changes social work is neither to be credited nor blamed. This being so, no easy test of social work's effectiveness is to be found in comparing the present with the past or in noting the incidence of maladjustment generally.

The criterion "fewer" may, however, be taken to refer to change in particular cases. The X family exhibited such-and-such behavior before a social worker entered the picture; subsequently their behavior changed for the better in certain specified respects. The improvement is credited to social work, and we say that the number of maladjusted families is fewer by this one case. But can we be more sure of cause-and-effect relationships in individual cases than in communities generally? It is again a matter of past and present, and the possibility of numerous other factors having influenced the situation so that the part that social work played is far from clear.

But to come back to social work's objectives. It is probably too easy an answer to say, for example, that we expect social work to reduce the incidence of delinquency or marital discord or even to make the repetition of such social disorders less likely in individual cases. Do we aim to achieve these outcomes regardless of psychological cost to the individual concerned? Would it be adequate to achieve reduction in delinquency by extremely punitive methods? Is marital discord to be lessened through the wife—or husband—becoming utterly subservient and submissive? These may seem foolish examples but they highlight the fact that social work aims not at suppression of symptoms but at some other kind of change, the nature of which is difficult to state in general terms.

The question of social-work objectives in particular programs or with particular types of individuals would be easier to answer if we could agree what social work in general is, what it is for. A conception of the basic function or functions of social work would provide a touchstone from which the analysis of the aims of particular programs could take its start. Lacking such an agreed-upon conception, we are forced to determine for each particular program its raison d'être, without reference to general principles.

The lack of a unifying conception of social work's function also means that we have no way of assessing a

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Before joining the Bureau, Dr. Witmer was Director of Fact Finding for the Mid-century White House Conference for Children and Youth. Previously she was Director of Research at Smith College School for Social Work, and she was editor of *Smith College Studies in Social Work*.

Dr. Witmer gave this paper at the seventy-ninth annual meeting of the National Conference of Social Work, held at Chicago.

community's over-all need for social services or of determining the extent to which this need is being met. I do not mean to imply that this need for service could be easily determined if the general purposes of social work were established. I only mean that lacking clarity on social work's function, we cannot even consider the measurement of need. And, vice versa, it is not possible to use as a measure of social work's effectiveness the extent to which the need for social services, generally speaking, is met.

When we turn to particular programs and try to line up what their objectives are, we have to deal with the possibility that the sponsoring group, the professional staff, and the clients may have different ideas on this subject. It seems to be an accepted principle of casework that if professional worker and client cannot get together on this matter of aims little can be accomplished. There are those who maintain that in the long run the same principle holds for professional staff, and boards, and contributing public also. At any one time, however, a difference of opinion on this matter may exist, and it then becomes a nice question whether the accomplishments of a social agency's program are to be judged on the basis of the kinds of changes the staff aims to produce, the kinds the contributing public wants to see brought about, or whether it is to the clients that we should look for finding out what they think of the agency's services.

Involved in these distinctions is also the fact that the sponsors of a program are likely to have absolute standards and the social workers and clients relative ones. The sponsors are inclined to want to know, for example, how many children are no longer delinquent, how many families are no longer in need of aid of one kind or another. Caseworkers and clients are probably chiefly concerned with "movement" — with whether things got better rather than whether some ideal goal was reached. Closely related to this, too, is the caseworker's idea that social service is a help in time of trouble but no guarantee that trouble will not recur.

With objectives of a social-work program frequently so difficult to determine or at least to agree upon, it is easy to see why evaluative research does not flourish lustily. But even if goals can be set, the difficulties of evaluative research do not cease. The next step that must be taken is to decide upon criteria by which success, however defined, is to be judged. Whether this is difficult or not will depend in part upon the nature of the program's objectives.

What constitutes success?

If the aim of a program, for example, is a marked decrease in number of delinquents brought to court or in the individual child's delinquent acts, this step will be relatively easy. Even here, however, there will be differences of opinion. Such a question as how large the decline must be to be counted as a success will have to be considered, as well as the knottier questions of whether all offenses are to be regarded as of equal importance, whether first offenses count the same as repetitions, and so on.

The term "success" is more applicable when results are to be judged in terms of degree or kind of improvement in individual cases. Here criteria are often hard to define in ways that will be widely agreed upon and that will be similarly applied by various raters. And even if this is done, all is not clear.

For instance, after a great deal of careful work McVicker Hunt was able to draw up criteria by which it could be reliably determined how much "movement" had occurred during the course of casework treatment of certain clients of the Community Service Society of New York. It was found, however, that these criteria were not applicable in a large proportion of the cases of the agency as a whole, either because the clients did not have enough interviews to yield information or because their difficulties were not of the sort to which the criteria applied.

Others who have tried to devise schemes for judging success, especially in that particularly difficult area, family casework, have found the going no easier. Whether we decide to judge results by whether the clients felt that they were helped, by what kind of solution of their problems they arrived at, by how well-adjusted they became or how long the improvement lasted, the problem of criteria and their reliability and validity is difficult to solve. This is not to say that the problem is insoluble; it is only to say that it will take hard thinking and painstaking work on the part of the profession generally—not only the research workers—before we shall be in a position to state definitely: "This is what a given social-work program or service is trying to accomplish, and these are the signs by which you can tell that the goal has or has not been achieved in particular cases or generally."

But even if we arrive at that happy stage, our troubles are not over. How are we going to demonstrate that

We feel that the social worker's efforts will bring good results, but how can we be sure?

social-work efforts produced or contributed to the so-called results? This is perhaps the toughest part of the research problem. We can firmly say that such-and-such are to be considered the objectives for the purpose of this study, that these are the goals with which this particular investigation deals. And after careful consideration we can draw up a list of signs or describe typical cases or even construct tests that will serve as guides for judging the extent of change that occurred during or after social treatment. But how are we to demonstrate that it was social work that did the trick?

The usual social-science answer to that difficulty is the control group. By this device the treatment in question is given to one series of individuals and withheld from another. This second series is chosen in such a way as to be as much like the first as possible, insofar as traits or circumstances likely to influence the kind of change under consideration are concerned. In comparable biological studies, the animals used in the control group come from the same pure strain as those in the study group. In biological and psychological studies of human beings, identical twins are often regarded as the best subjects.

So much is intangible

In social work—according to present theory at least—the traits of the client usually regarded as most influential in determining success or failure in treatment are such intangibles as personality make-up, the dynamics of the problem under treatment, the nature of the significant environmental circumstances (what is significant varying with the problem under consideration), and so on. This is not to say that such more or less easily determinable traits as sex, age, intelligence, nationality, and the like are of no importance. It is obvious, however, that individuals can be alike in these latter respects and still be very different so far as their need for the services of a social worker or their likelihood of dealing with their problems without such help are concerned. This we can probably agree on. The tough problem, however, is how we are to secure for the control group a series of individuals whose personality make-up and characteristic ways of responding to difficulties is known but who have not received and are not to receive treatment?

It would take more space than we have here to discuss this problem at all adequately. It should be noted, however, that a few attempts at solving it have been made. In a study at the Jewish Board of Guardians, for example, children who had been examined and found to be within the agency's function and yet not treated were used as a control group. In the Cambridge-Somerville Youth Study groups of children were equated for various traits on the basis of individual examinations and home studies and then arbitrarily selected for treatment or control purposes. Other investigators have used projective tests or other such devices for quickly securing information about personality and psychological functioning. None of these methods has wholly solved the problem of getting comparable cases for control purposes, however, chiefly because some of the significant facts often cannot be learned until treatment is well under way.

Recognizing the difficulty of securing proper controls, social-work investigators usually pin their hope on intragroup comparisons. They reason that if the cases that turn out well can be shown to be different in significant ways from those that turned out poorly, a connection between outcome and the work of the agency is likely. For instance, if it is found that the cases labeled "success" were much more likely than the failures to have taken an active part in treatment, to have wanted treatment and found it useful, if many more of them than of the failures had traits that theoretically would make them better treatment "risks," then social-work investigators are inclined to say that the changes that took place in these cases were probably largely attributable to the treatment measures.

This, however, is not wholly satisfactory reasoning. It may be that instead of indicating that social work can be helpful to certain clients in certain situations, these investigations have only identified the people who will solve their problems satisfactorily with or without the help of a social worker.

There is, nevertheless, an extension of this reasoning in regard to determining causal relations that holds promise. Briefly it is this. Granted that in any particular program the apparent success achieved may be explainable as above, what is to be said if similar studies are made in different kinds of programs aimed at, say, delinquency prevention, and it is found that one program appears to work with one kind of case and another program with another? Would this not greatly increase the weight of the argument that outcome and treatment are related? Vice versa, if in program after program the same sorts of boys turned up as the ones apparently aided, would this not suggest either that any kind of method works with these boys or even that such boys would probably get along all right without treatment?

Studies of this sort, if they did indicate causal relations, would have the additional merit of providing information on other important points. For instance, to keep to the delinquency example, they would provide much-needed basic diagnostic categories for distinguishing delinquents on the basis of treatment needs. They would also make possible the efficient use of treatment resources, for by the careful matching of delinquent and treatment measure the chance of good results would be greatly increased.

We need to find answers

It is said to be a good idea to end papers on a hopeful note. If so, this is probably the best point for ending what may have sounded like a discouraging account. I hope that, in this description of the difficulties that beset research when the effectiveness of social work is to be studied, I have not discouraged you but rather have aroused your interest in helping us research workers find the answers.

Reprints in about 6 weeks

PART 2

A VISITOR'S VIEW OF CHILD WELFARE IN VIENNA

EDITOR'S NOTE: This is the second part of an article that began in our August-September issue. (We shall be glad to send a copy of that issue to any reader who missed part 1.)

H. TED and BUNNY RUBIN

In Vienna children with problems are usually sent to institutions rather than to foster homes. The basis for this decision is not a careful diagnosis and evaluation as to what setting would be best for the child. The determining factor for institutional placement, we should like to suggest, is that the usual Viennese family finds it very difficult to tolerate problems of behavior and personality. Typically, the mother is strong, domineering, and overprotective, and the father is either a feared figure who commmands respect, or a genial, *gemütlich* person who plays a role not always easy to define.

Although the Viennese family is generally characterized as an affectionate one, this affection may often be used as a controlling device. Conforming behavior is rewarded with much affection, but affection is withheld when a child is resistive.

This can be a punishing environment for an aggressive foster child, and the restrictive atmosphere discourages the more inhibited child from any expression of his feelings.

Under these conditions, the number of effective foster homes is naturally limited, and it would also seem that fewer families would request that children be placed in their homes. In addition, the average Viennese social worker has little time for working toward helping foster parents to be more effective. It is generally felt that lay acceptance and application of established principles of child psychology is more advanced in the United States than in Austria.

There is another long road ahead in improving methods for studying and certifying foster homes. At present the city grants a certificate after approving a report submitted by a *Jugendamt* social worker who has visited the home only once and has reported mainly the physical setting and surface attitudes.

The majority of Vienna's institutions for children are operated by the city. In 1950 the city's budget for its 20 such institutions, approximately $1,000,000, covered total personnel, food, clothing, new furniture, and maintenance expenses. About one-eighth of the institutional budget over the past 6 years has been allotted to the reconstruction of damaged buildings, and completing this work will take another 5 years. Almost 3,000 children are in these institutions, and besides, many children are placed at public expense in private institutions. The cost to the city for this latter expenditure is charged to a budget different from the institutional one.

No existing institution is built on the cottage plan, and no new children's institution has been completed since World War I. The first cottage-type institution is now under construction. Family-group atmosphere, especially important to children who remain in an institution a long time, has been especially difficult because the large buildings are not divided into small enough units. Administration and program of the institutions have not kept up with modern methods; and the personnel, in most of them, lack knowledge of psychological factors in human behavior. Few institutions have a social worker, and still fewer have a part-time psychologist. It is difficult to imagine this as the city of Adler, Aichhorn, Freud, and Rank.

An outstanding exception is a private institution for girls 14 to 21 years, maintained by the International Quakers. This home, with several associates of Aichhorn as consultants, successfully creates a free atmosphere, with each girl's individuality recognized and confidence placed in her as a person. Another Quaker institution, in which the city places some children, has been reorganized as a treatment center for disturbed children; it employs couples as houseparents in its approach to the children's problems. Only one other institution, a public one, does this. The rest have, for each group of children, a housemother and an *Erzieher* (counselor), or an *Erzieher* alone. The latter may live in the institution or may come daily to direct such group activities as arts and crafts, household chores, and study periods.

The city operates several institutions for the care of dependent and neglected children up to the age of 3 years. One is a large, central, hospital-like institution, which has 560 beds for dependent and sick children under 3. The emphasis in its program of care is overwhelmingly medical, and there is almost none of the warm, human contact needed especially by a small child. Toddlers are only slowly removed to foster homes, and babies under 1 year are rarely placed in such homes. A new mother in need may remain in the institution with her baby for a nursing period of 3 months, and if she finds it necessary to leave the baby in the institution longer she may visit him for regular feeding periods.

In the same building is a milk bank that buys excess milk from nursing mothers for distribution to mothers unable to breast-feed their babies. (With relatively few exceptions Viennese babies are breast-fed.) The milk bank also dehydrates milk for shipment in powder form to smaller Austrian communities.

One public institution specializes in the care of children from 3 to 6 years of age, and another offers short-term placement for children of various ages.

The city has converted an old

Hapsburg castle into a diagnostic center for school-age children. Children with more difficult behavior problems are sent here from the central reception center. After a 2- to 3-month observation and testing period, recommendations concerning treatment are made. This represents a beginning effort to use more careful methods in studying large numbers of Viennese children who have problems.

Vienna's vast anti-tuberculosis program, which has received international attention, sprang from the "black menace" epidemics that scourged the city after World War I. Each district has a TB center, which investigates home surroundings and which tests and X-rays children and adults. Extensive preventive and control measures also include careful study of school children's diet and health, as well as extensive use of health camps in the nearby mountain areas. Tubercular children are treated in three well-equipped institutions.

To help the handicapped

War injuries have, of course, increased the number of handicapped children. Efforts to meet their needs are made through a combination of special schools and institutions. For the physically handicapped, including the cerebral-palsied and the epileptic, some physical therapy as well as preliminary vocational training are given both in the schools and the institutions. Although Vienna has long provided facilities for its handicapped, its teaching techniques have not always kept up with modern methods. Lack of sufficient special equipment can, however, be understood in the light of present-day economic conditions in Austria.

For deaf children a federally operated institution provides both residential care for children from bordering provinces and day-schooling for those nearer by. Like the children in most other Viennese institutions, these children live in large units. The absence of any electrical hearing aids often thwarts the excellent efforts toward teaching these children oral language. Hearing aids, along with a much improved differential diagnosis concerning the degree of the child's hearing loss and his potentialities for learning to talk would enable some of these children to adjust to the city's day school for the hard of hearing. At this latter school also, lack of such aids similarly robs some children of a future in the more normal environment of the regular school.

Vienna's child-welfare program is only now beginning to recover from the ravages of war.

Children with speech handicaps have long received therapy within the normal school setting. Retraining is done mostly through drill materials, with little emphasis on contributing emotional factors. Children with more involved language problems—organic or functional—may attend special clinics at the University of Vienna Hospital for individual or group therapy.

The rehabilitative work for blind children is done through an institution and at the school for the partially-sighted.

Various organizations are beginning to study how handicapped children can be better integrated with normal children.

Austria, including Vienna, is now developing an important program for all categories of handicapped persons, including children, under the auspices of the newly founded Austrian Society for the Rehabilitation of the Physically and Sensorially Handicapped. It is probable that significant developments can be expected in this field in the next several years.

Two institutions and many *Hilfschule,* or special schools, are devoted to the education of mentally deficient children. The Viennese school system, with its high academic demands and lack of pupil individualization, presents great problems for the slower-learning child who is, however, not feeble-minded. Inaccurate diagnosis incorrectly assigns to these facilities certain children whose educational problems are not due to feeble-mindedness.

Many school-age children with emotional problems are removed from their homes to institutions. Even when such removal seems to be the proper course, lack of professional staff in these institutions often nullifies the purpose of the placement.

A pavilion of the Steinhof mental hospital houses 60 children — psychotic, grossly feeble-minded, epileptic, encephalitic, hydrocephalic, and undiagnosed — all without special grouping. Children here receive little or no individual psychotherapy, and even the physical care is primitive. There is one social worker for 2,000 cases in the entire hospital. With a prewar population of 4,000 patients, Steinhof had been one of the largest mental hospitals in Europe, but Nazi officials rewrote this figure by leading 3,000 patients into gas chambers.

A remarkable new experimental treatment center for epileptic children is now being set up, which offers great promise for the future.

The Federal Government operates Steinhof, as well as training schools for children adjudged delinquent and juvenile courts. Other personnel, who may be teachers or social workers,

a judge in hearing each juvenile case. Through such a structure, the court seeks to associate itself more with educative and rehabilitative aims, rather than with punishment. Although some vocational training is given delinquents, the psychological and social-work services are quite inadequate.

However, a newly opened home, organized by the police to house certain neglected and vagrant children temporarily, is one of the most advanced of Viennese institutions. When a child leaves this institution, he or she signs the guest book, the same guest book that government officials and foreign visitors sign after inspecting the home. Here older children are addressed with the formal German *"Sie,"* indicating respect for them as people.

From school to work

The age of 14 may be called the apprentice age, for at this time a majority of boys and girls leave school to begin training for their chosen trades. (Compulsory school attendance in Vienna covers an 8-year period between the sixth and the fourteenth birthdays.)

The city, recognizing the separate needs of youths who have left school, has created a number of special institutions for them. Young people from 14 to 18 years of age eat and sleep in these homes, studying and working at their trades during the daytime. In addition, several of these homes serve as temporary reception centers until the youngsters are able to obtain other living accommodations. Group activities are planned for the evenings. As their stay lengthens the young people pay an increasingly larger share of the cost, since their small salaries increase as training continues.

At present a need is felt for a home for 18- to 21-year-olds. Such an institution could offer a healthy group-living experience for these economically self-sufficient young adults.

It should be noted that a movement has been launched to raise the compulsory school-attendance age to 16.

In addition to the services given by the counselor on the staff of the *Jugendamter,* psychological services for children are offered by several facilities. Two of these are in their early developmental stages. On the whole, such services are grossly insufficient.

The best-established facility for psychological services is the Children's Clinic of the University of Vienna Hospital. The director of both the psychiatric out-patient department and the residential diagnostic center for 60 children is medically oriented, with a firm belief in the physical basis of deviant behavior. His therapeutic approach is directed toward integration of the various centers of the brain through pedagogic methods. Comparatively little attention is given to the role played by the emotions or by environmental influences. No deep therapy is performed in the out-patient department. However, plans are being discussed for a children's treatment center nearby, and the first small development is under way in the university's psychiatric hospital, where the approach will be from the standpoint of dynamic psychiatry.

Another diagnostic center has been developed within the past 2 years by the city's school system to provide testing services for school-age children. The standards of this center are high, and its director has extended the Bühler Preschool Developmental Test to school-age children and has adapted other tests that are currently used in German-speaking countries. In the near future this center will be enlarged, and its extended services will include special classes, with concurrent treatment, for neurotic children.

What is technically Austria's first child-guidance center was inaugurated in 1949 as a demonstration clinic. Simultaneous help to Viennese parents and children is offered through the team approach—by psychiatrist, psychologist, and social worker. The director, a psychiatrist, has an eclectic orientation, borrowing from both dynamic psychology and the prevalent Viennese physical approach. Like the psychiatrist, the psychologist uses play therapy, and in addition does testing and group tutoring. This clinic is one of the two Viennese training centers for social-work students who plan to become psychiatric social workers. Less than 2 years ago, the students in the first course ever offered in Austria in psychiatric social work completed their studies, which included some months' field placement in England.

Although not a psychological service, the new special experimental kindergarten, the famous *Sonderkindergarten,* should be described. The park-located, pavilion-type building was especially designed for six groups of children under comparative study. These include a control group of normal 3- to 6-year-olds, as well as a group of feeble-minded children, a group of children with speech and hearing handicaps, a group of the physically handicapped, a group of emotionally disturbed children who have a history of mental illness in their families, and a similar group of children who do not have such a history. (Originally a group of blind

About one Viennese child out of every seven participates in a preschool group experience.

children was to be a part of the experiment, but there were not enough such children of kindergarten age to bring in for this purpose.) In addition to the latest equipment and well-trained kindergarten teachers, the staff includes a social worker, a psychologist, a speech-and-hearing therapist, and a physical therapist.

Social group work is as yet comparatively unknown in practice in Vienna. A course in group work, taught by a psychologist, has been initiated by the city's school of social work. Aside from the after-school centers for school-age children, there are few recreational centers for children other than those provided by political parties.

The future trend of Viennese child-welfare work will probably be channeled along the two courses of (1) broad social planning and (2) further advances in social casework and in family services.

Housing and day-care centers are the first need. At the end of 1950 there remained 100,000 people without homes. But extensive housing projects, which had their first great growth from 1924 to 1934, are finally under construction again. From 1946 to 1951 the city allocated its total housing budget for reconstruction of damaged dwellings. Vienna considers housing its focal problem. City welfare authorities, basing their belief on similar experience after World War I, state that the number of children under their care will lessen considerably when more housing units are available.

Coordinated city planning will again include many day-care centers in the large housing projects, but the huge program will nevertheless fall considerably short of its goal of making places available in such centers for one-third of all Viennese children.

The second area, the further development of casework and of family services, depends almost completely upon the progress of the Vienna School of Social Work in conjunction with the *Jugendamt* and the *Fürsorgeamt* or Public Assistance Bureau. For its present students the school is rapidly revising and expanding its program. The school has influenced community agencies to recognize the need for better-trained workers; the agencies have responded by providing more effective field-work placements. Actual practice of casework by students is beginning to replace the traditional observation or apprentice experiences. Men students, first admitted to the social-work school in 1948, now number about 15 percent of each class.

Casework courses throughout each of the four semesters have come to replace the former emphasis on pure theory. In the next few years the school plans to lengthen its curriculum from 2 to 3 years.

The development among social agencies of the practice of keeping case records and the exchange of ideas and teaching materials among the various schools of social work in Europe will help to advance the development of the Vienna school, which in turn will be able to contribute much to other schools. The school offers weekly classes on an extension basis for practicing social workers, conducts a special program to train supervisors, and plans to meet requests for similar courses for counselors and for psychiatric social workers.

Creative leadership in all aspects of social work training in Vienna comes largely from the Dean of the Vienna School of Social Work, Dr. Nuna L. Sailer, and her far-seeing courage and soundly progressive ideas. She is considered one of the most capable leaders in European social work.

In summary, Vienna's city government has a rich tradition of broad planning and legislation to serve the basic needs of its total population. It believes that the degree of its advance in social welfare is, like its music, a mark of its culture. Although dynamic psychology had its birth in Vienna, only now is it being incorporated in broad social-work practice. The end result of this trend will be a heightened cultural and social achievement for this city and in turn for Austria.

IN THE NEWS

Nursing groups. After a decade of progressive planning, a two-organization plan for national nursing associations was adopted at the Seventeenth Biennial Nursing Convention, held at Atlantic City, N. J., June 16-20, 1952.

One of these two organizations is the previously existing American Nurses' Association, which continues under revised bylaws; the other is the new National League for Nursing.

The new League was established by amendment to the existing charter of the National League of Nursing Education; and two other organizations—the National Organization for Public Health Nursing and the Association of Collegiate Schools of Nursing—voted to dissolve and become part of the League.

According to Pearl McIver, R.N., chairman of the Joint Coordinating Committee on Structure, which recommended the reorganization, the aim of the new League is the best utilization, distribution, and financial support of nursing services and nursing-education facilities. All nurses, from every occupational field, will have the opportunity (and the responsibility) to plan jointly with allied professional workers and with the public in efforts to reach this goal.

The American Nurses' Association, which is an organization made up of professional registered nurses, will have full responsibility for all functions which should be carried out by the members of a profession. These functions include establishing standards for nursing practice, recommending desirable qualifications for nurses in the various nursing specialties, and promoting the general welfare of nurses.

The first national nursing organization formed in the United States came into being in 1894. This was the National League of Nursing Education, the group that amended its charter in 1952 as a step toward forming the new National League for Nursing. In 1896 the American Nurses' Association was formed, with the help of the NLNE. In the more than half a century that has elapsed since then, various national nursing groups have been formed; at one time there were as many as six.

The two-organization plan now in force, with its clear differentiation between the functions of the groups,

should enable Federal agencies whose programs are concerned with nursing to work even more effectively with these organizations than in the past.

Marriage and divorce. The marriage rate for 1951 (10.4 per thousand population) was 37 percent below the all-time high, which was reached in 1946 (16.5 per thousand), according to the Bureau of the Census, Department of Commerce. Divorces also fell off. In 1951 there were 2.4 divorces per thousand population (44 percent below the 1946 peak of 5.5 per thousand).

Guidance services for youth were reported by only one-sixth of the public schools in 1948. Even those schools reporting such services averaged only one counselor to every 398 students, and were principally in cities.

Deadline: October 15

Each year, according to law, the Federal Security Agency sends each person on the official mailing list for *The Child* a postal card asking whether he wishes to continue to receive it.

You will soon receive such a card. Be sure to return it by October 15 if you want your name to be kept on the list.

FOR YOUR BOOKSHELF

MY SON'S STORY. By John P. Frank. Alfred A. Knopf, New York. 1952. 209 pp. $3.

A father tells the story of his mentally retarded child, Petey. It is a moving story, written with emotion but without sentimentality. From the normal and happy welcoming of the new baby into the family it progresses to the first frightening illness, the diagnosis of untreatable brain damage, the struggle of the parents between belief and despair on the one hand and disbelief and phantom hope on the other. Then follows for the parents a period of trying to find a way to meet this problem in the way that will be best for the much-loved child and for themselves and their other child.

They decide to institutionalize Petey, but they have a most difficult time trying to find an institution that will care for such a child. Eventually they find an excellent place, and the remainder of the book is concerned with the pain of separation and how the parents managed to put their lives together again into some sort of normal and satisfying pattern. Neither the anguish nor the courage of these parents is minimized.

Mr. Frank has not written this story for relief of his own personal grief, although it may have helped him. Nor has he written it to help other parents with mentally retarded children, although it could not fail to help them. His main purpose, it seems, is to make people understand what he means when he says: "No one knows exactly how many retarded children there are, but something over 10,000 of Petey's general class are born every year. I wish that families less well situated than ours could come out as well. We and our fellow Americans as a people don't do nearly enough to provide for these sick children."

Betty Huse, M.D.

CHILD PSYCHIATRIC TECHNIQUES; diagnostic and therapeutic approach to normal and abnormal development through patterned, expressive, and group behavior. By Lauretta Bender, M.D. Charles C. Thomas, Springfield, Ill. 1952. 335 pp. $8.50.

As Dr. Bender explains in her foreword, this book consists of a collection of papers written by Paul Schilder (her late husband), herself, and a number of their associates at Bellevue Hospital, New York City, during the past 15 years. She credits Dr. Schilder with the authorship of 4 of the 19 chapters; she also credits him with being the "originator of most of the concepts, attitudes, and resulting philosophies expressed in all these papers." But the book essentially is still hers. The idea of an endeavor as vast as this is hers; so are the concepts, with and without variations from Freudian concepts; and so is the admirable execution of diagnostic and therapeutic techniques demonstrating the entity of the child as a personality.

Most readers familiar with child welfare and child psychiatry will find little that is startlingly new. Each of the various tests and psychotherapies, individual and group, has been elaborated on in the past. It seems that Dr. Bender does not wish to present conclusions other than those based on the experience shown in her abundant case material.

What *is* new is the integration of all techniques, regardless of origin, theory, or type, in one volume, to serve the reader as reference and as stimulus for further thought.

Hans A. Illing

CALENDAR

Oct. 1-31. Red Feather Month. Information from the United Community Chests of America, 155 East Forty-fourth Street, New York 18, N. Y.

Oct. 2-4. American Academy for Cerebral Palsy. Sixth annual meeting. Durham, N. C.

Oct. 2-5. Rural Youth of the U. S. A. Conference. Annual meeting. Jackson's Mill, Weston, W. Va.

Oct. 19-23. American School Health Association. Twenty-sixth annual meeting and twenty-fifth anniversary of the founding of the Association. Cleveland, Ohio.

Oct. 20. Association of Maternal and Child Health and Crippled Children's Directors. Annual meeting. Cleveland, Ohio.

Oct. 20-23. American Academy of Pediatrics. Twenty-first annual meeting. Chicago, Ill.

Oct. 20-23. National Conference of Juvenile Agencies. Forty-ninth annual meeting. Columbus, Ohio.

Oct. 20-24. National Safety Council. Fortieth National Safety Congress and Exposition. Chicago, Ill.

Oct. 20-24. American Public Health Association. Eightieth annual meeting. Cleveland, Ohio.

Oct. 21-24. American Dietetic Association. Thirty-fifth annual meeting. Minneapolis, Minn.

Oct. 23-24. National Midcentury Committee for Children and Youth. New York, N. Y.

Oct. 24. United Nations Day.

Oct. 26-30. National Society for Crippled Children and Adults. Twenty-ninth annual convention. San Francisco, Calif.

Oct. 27-30. National League to Promote School Attendance. Thirty-eighth annual convention. Boston. Mass.

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